

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. FILING DATE

APPLICANT(S) 097787942

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18		1				
19			1			
20			2			
21			2			
22			1			
23			1			
24			1			
25			1			
26						
27						
28						
29			1			
30			1			
31			1			
32			1			
33			1			
34			2			
35			2			
36			1			
37			1			
38			1			
39			1			
40			1			
41						
42						
43			1			
44			1			
45			1			
46			2			
47			2			
48			1			
49			1			
50			1			
TOTAL ID.	<u>6</u>					
TOTAL EP.	<u>6</u>	<u>1</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>1</u>
TOTAL CLAIMS	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

51	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					2	
61					2	
62						
63					1	
64					1	
65					1	
66					1	
67					1	
68						
69					1	
70					1	
71					1	
72					1	
73					2	
74					2	
75					1	
76					1	
77					1	
78					1	
79					1	
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						